



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT INSTRUCTION SHEET

### What is Combative Sports Entertainment?

Combative Sports Entertainment means a display of skill for the purpose of entertaining an audience, consisting of choreographed or simulated combat in which techniques commonly used in combative sports are employed by participants. The participants do not exert their best effort and the winner is determined prior to the match ([28 Del. C. §102 \(6\)](#)).

As defined above, Combative Sports Entertainment

- includes, but is not limited to, "celebrity boxing," "entertainment boxing" and all such similar terms or names
- does not include amateur or professional boxing nor amateur or professional mixed martial arts.

### When to Apply

The promoter should submit the *Application for Combative Sports Entertainment Permit* **at least 15 full working days before the event**. Before applying for a Permit, obtain a Delaware [business license](#) from the Division of Revenue.

### Applying for a Permit

- ☐ Submit completed, signed and notarized [application form](#).
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Send the application, fee and any supporting documentation **to the attention of Combative Sports** at the address above.

### Additional Information

- Any physician or emergency medical technician employed to cover the event should hold a current Delaware [professional license](#).
- List *all* contestants and alternates. Any contestant or alternate not identified on the application is not approved to participate.
- Contestants should be at least 18 years old.
- Examples of information to include in the SAFETY EQUIPMENT section include
  - Protective gear worn by combatants
  - Precautionary measures on hand in the event of fire accident
  - Props construction (e.g., "plastic bats painted to look like metal")



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**PERMIT FEE: \$153.00**

ATTACH CHECK OR MONEY ORDER MADE PAYABLE  
TO THE "STATE OF DELAWARE" TO APPLICATION.

(FOR OFFICIAL USE ONLY)

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**APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT**

The promoter must complete this application form. The Division of Professional Regulation must receive all of these items no later than 4:30 PM 15 full working days before the event:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**PROMOTER INFORMATION**

<b>Business Name</b> of Promoter			Delaware Business License #		
Business Street Address		City	State	Zip Code	
Promoter Last Name	First Name	Middle Initial	Social Security Number		
Street Address					
City			State	Zip Code	
Phone	Fax Number	Email Address			

**EVENT LOCATION INFORMATION**

Name Of Event					
Street Address Of Location For Event			City	State	Zip Code
Location Contact Last Name	First Name	Middle Initial	Title	Phone	
Date Of Event (MM/DD/YYYY)	Time Of Event	Is an entrance fee charged? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**SAFETY AND SECURITY**

Have you employed an attending physician or EMT person to be present for the entire event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter: Name: _____ Title: _____	
Will security personnel be present for the entire event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter: Agency Name: _____ Number of Personnel: _____	

**CONTINUE TO PAGE 2**

**APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT**  
**PAGE 2**

**CONTESTANT INFORMATION**

List each contestant and alternate and provide the requested information.

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

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**APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT**  
**PAGE 3**

**CONTESTANT INFORMATION (continued)**

List each contestant and alternate and provide the requested information.

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

<b>Stage Name</b>	<b>Actual</b> Last Name	First Name	Middle Initial
<input type="checkbox"/> Contestant <input type="checkbox"/> Alternate	Is this person at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City		State	Zip Code

**IF YOU NEED MORE ROOM, COPY THIS PAGE.**

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**APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT**  
**PAGE 4**

**DESCRIPTION OF MATCHES - List each match and provide the requested information.**

**MATCH 1**

<div style="display: flex; justify-content: space-between;"><div style="width: 10%;">Check Winner:</div><div style="width: 60%;">Enter <b>Stage Name</b> of each contestant in this match:</div><div style="width: 30%;"></div></div> <div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><hr/><hr/><hr/><hr/></div></div></div>	Describe move that will end the match:
---	--

**MATCH 2**

<div style="display: flex; justify-content: space-between;"><div style="width: 10%;">Check Winner:</div><div style="width: 60%;">Enter <b>Stage Name</b> of each contestant in this match:</div><div style="width: 30%;"></div></div> <div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><hr/><hr/><hr/><hr/></div></div></div>	Describe move that will end the match:
---	--

**MATCH 3**

<div style="display: flex; justify-content: space-between;"><div style="width: 10%;">Check Winner:</div><div style="width: 60%;">Enter <b>Stage Name</b> of each contestant in this match:</div><div style="width: 30%;"></div></div> <div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><hr/><hr/><hr/><hr/></div></div></div>	Describe move that will end the match:
---	--

**MATCH 4**

<div style="display: flex; justify-content: space-between;"><div style="width: 10%;">Check Winner:</div><div style="width: 60%;">Enter <b>Stage Name</b> of each contestant in this match:</div><div style="width: 30%;"></div></div> <div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><hr/><hr/><hr/><hr/></div></div></div>	Describe move that will end the match:
---	--

**MATCH 5**

<div style="display: flex; justify-content: space-between;"><div style="width: 10%;">Check Winner:</div><div style="width: 60%;">Enter <b>Stage Name</b> of each contestant in this match:</div><div style="width: 30%;"></div></div> <div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><hr/><hr/><hr/><hr/></div></div></div>	Describe move that will end the match:
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**MATCH 6**

<div style="display: flex; justify-content: space-between;"><div style="width: 10%;">Check Winner:</div><div style="width: 60%;">Enter <b>Stage Name</b> of each contestant in this match:</div><div style="width: 30%;"></div></div> <div style="margin-top: 10px;"><div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><hr/><hr/><hr/><hr/></div></div></div>	Describe move that will end the match:
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**IF YOU NEED MORE ROOM, COPY THIS PAGE.**

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# APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT

PAGE 5

## DESCRIPTION OF MATCHES (continued)

### MATCH 7

Check Winner:	Enter <b>Stage Name</b> of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

### MATCH 8

Check Winner:	Enter <b>Stage Name</b> of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

### MATCH 9

Check Winner:	Enter <b>Stage Name</b> of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

### MATCH 10

Check Winner:	Enter <b>Stage Name</b> of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

### MATCH 11

Check Winner:	Enter <b>Stage Name</b> of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

### MATCH 12

Check Winner:	Enter <b>Stage Name</b> of each contestant in this match:	Describe move that will end the match:
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

IF YOU NEED MORE ROOM, COPY THIS PAGE.

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**APPLICATION FOR COMBATIVE SPORTS ENTERTAINMENT PERMIT**  
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**SAFETY EQUIPMENT - If you need more room, attach additional sheet.**

Describe the safety equipment that contestants will utilize: _____
_____
_____
_____
_____
_____
_____

**DESCRIPTION OF THE RING - If you need more room, attach additional sheet.**

Describe the measurements and construction of the ring area: _____
_____
_____
_____
_____
_____
_____

**AFFIDAVIT**

The undersigned, being duly sworn, deposes and says that he/she is expressly authorized to apply for a Permit to hold a Combative Sports Entertainment event on behalf of the business entity/individual. The undersigned further deposes and says that he/she has read and reviewed the information provided in the attached Application for Permit to hold a Combative Sports Entertainment event as defined by the State of Delaware to mean "...a display of skill for the purpose of entertaining an audience, consisting of choreographed or simulated combat in which techniques commonly used in combative sports are employed by participants. The participants do not exert their best effort and the winner is determined prior to the match" and that the information and statements contained therein are true and correct, and that he or she understands that the provision of false information or employing or knowingly cooperating in fraud or material deception in order to be licensed or permitted is grounds for PROSECUTION, DENIAL or REVOCATION OF PERMIT.

\_\_\_\_\_  
Name of Firm/Individual/Applicant

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
Name/Title

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

SEAL

My Commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE, NOT NOTARIZED OR NOT ACCOMPANIED BY THE  
REQUIRED PROCESSING FEE WILL BE REJECTED.  
THE DIVISION RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION**

<b>For more information, visit the Division of Professional Regulation's website at <a href="http://dpr.delaware.gov">dpr.delaware.gov</a>.</b>
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